

USAID Child Blindness Program

Request for Application (RFA)

No. PGRD – 16 – 0004 Child Blindness Program

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Innovation, Global Knowledge & Best Practices

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LIST OF ACRONYMS

ADS	Automated Directives System
CBP	Child Blindness Program
CFR	Code of Federal Regulations
D&E	Delivery and Expansion
IAPB	The International Agency for the Prevention of Blindness
IGBP	Innovation, Global Knowledge and Best Practices
LNGO	Local Non-Governmental Organization
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
PGRD	Partners for Global Research and Development
PIO	Public International Organization
PVO	Private Voluntary Organization
RFA	Request for Application
ROP	Retinopathy of Prematurity
SAM	System of Award Management
USAID	United States Agency for International Development
USD	United States Dollars
USG	United States Government

I. BACKGROUND

Pursuant to the authority contained in the Foreign Assistance Act of 1961 and United States Agency for International Development (USAID) Contract AID-OAA-C-13-00088, Partners for Global Research and Development (PGRD), on behalf of the USAID Child Blindness Program (CBP) is seeking applications for activities aimed at increasing the number of children provided with quality eye care services and increasing global knowledge of pediatric eye care through innovation and the implementation of best practices. Awards will be administered in accordance with provisions contained in the Automated Directives System (ADS), Section 302.3.4.12, "Grants Under Contracts," ADS Chapter 303, "Grants and Cooperative Agreements to Non-Governmental Organizations" and within the terms of the ADS 303 Mandatory Standard Provisions for U.S. and Non-U.S. Non-Governmental Recipients, and 48 CFR 31.2 (for-profit organizations).

CBP features prominently in USAID's approach to eliminate blindness worldwide. Funding under this program originated through a congressional directive in 1991, and since then, has helped over 4.5 million children receive eye care. This global grant fund has awarded approximately \$28 million to 61 projects in 57 countries, through 54 local and international non-governmental organizations (NGOs).

Examples of CBP's work include providing sight-restoring surgery, screening children for eye diseases and conditions, and delivering eyeglasses to schools. Blind children receive specialized education to learn Braille, to use a cane, or to improve their daily living skills through therapy.

INNOVATION, GLOBAL KNOWLEDGE & BEST PRACTICES GRANTS (IGBP)

CBP is seeking projects that maximize the impact of eye health interventions targeted to children and vulnerable populations. Since 1991, CBP has funded effective and efficient programs to push forward the field of pediatric eye care in order to expand health care knowledge and increase the number of children served.

The current RFA focuses on innovations that will drive improvements to on-the-ground programming. CBP encourages applications for projects that demonstrate creative solutions that addressing IGBP topic areas, CBP goals, and the Continuum of Care (pp. 5-6). Solutions must be practical and actionable; demonstrate impact; and be based on verifiable data, literature articles and similarly reliable information. Projects may focus on operations research, scale-up of existing programming and reviews of current trends or knowledge gaps. Additionally, projects may address any area of eye care delivery including: clinical, managerial, and administrative.

Innovation, Global Knowledge and Best Practices Project Topic Areas:

- Innovation: Support the creation and development of new products, procedures or practices.
- Global Knowledge: Gather, document and disseminate critical information and/or data.
- Best Practices: Develop, test or prove a practice, procedure, or process. The practice should have the potential to become a standard of care, or be positioned to take current practices to scale.

II. CBP GOALS AND PRIORITIES

The goals and objectives of CBP provide the basis for the program's continued meaningful contributions to pediatric eye care. These goals are directly aligned with the broader goals of USAID, working in synergy to maximize impact in the developing world across all development efforts. CBP goals are:

Goal 1: To increase the number of children provided with quality eye care services by:

- Increasing the availability and accessibility to quality eye health and vision services for children and other vulnerable populations.
- Improving the capacity of eye care organizations by strengthening administrative, technical, and/or financial functions.

Goal 2: To increase global knowledge of pediatric eye care through innovation and the implementation of best practices by:

- Testing, designing, and expanding the scale of innovative approaches for eye care in various country contexts.
- Increasing the evidence base for effective approaches leading to scale-up of pediatric eye care programs.

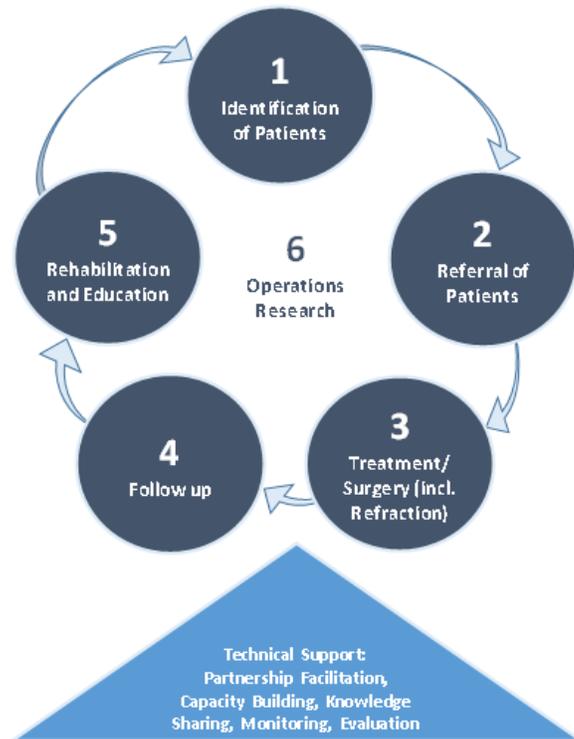
Continuum of Care (CoC):

CoC is a best practice that ensures a child has access to all the services s/he may need for their care. All applications are required to demonstrate the CoC is established within their project.

Every point in the CoC is critical. Without the availability of all the services illustrated in Figure 1, the child is unlikely to achieve maximal vision. Projects may provide all of these services in-house or document the linkages that exist with other service providers to maintain the continuum. Service elements that must be in place include: 1) identification of patient, 2) referral of patients, 3) treatment and surgery, 4) follow up and optical services, and 5) rehabilitation and education.

Interventions along the Continuum of Care include screening and identification of children with eye problems, referral, medical and/or surgical and/or optical treatment, and low vision and rehabilitation services for children who can no longer be helped by clinical care.

Figure 1: CONTINUUM OF CARE: PROVIDING A BEST PRACTICE IN PEDIATRIC EYE CARE



Embedded within CBP's goals and the objectives are cross-cutting themes that should be considered in every application:

- Gender, socio-economic, and geographical equity. Applicants must describe how their activities and services will be provided across all levels of society in the project area, including across gender and socio-economic class, and between urban and rural areas. Applications must demonstrate that services and benefits are equally accessible and affordable to all children and vulnerable populations.
- Sustainability. All projects must demonstrate a plan for long-term implementation or use of their activities, products or other innovation. This may mean financial sustainability such as increased revenue from improved efficiencies in management, or for the long-term use of a best practice by a global audience of providers. Where this project is an add-on to government or national services, coordination and cooperation with government and existing national systems is imperative. The nature of this coordination both during and after the life of the project must be clearly explained and suited to local conditions. The expectation that the government will simply take over project activities beyond end date without a specific and accepted plan is not considered a viable sustainability strategy.

- Capacity Building. Strengthening local organizational and/or human capacity through lasting improvements to quality services directly supports CBP's goals and is always encouraged. Proposed activities should consider how their IGBP projects contribute to improving the development of personnel, infrastructure, administrative, technical and/or financial functions.

Partnerships

Applicants may partner with other organization(s) for strategic purposes. Such partnerships may allow the applicant to leverage the expertise or experience of the partner(s) to perform a specific task or accomplish a certain objective within the proposed project. If applicants choose to partner with another organization(s), the grant budget and the application must clearly present the cost of the partnership (the applicant may choose to use either sub-grants or subcontracts) and clearly define their roles and responsibilities.

CBP Project Examples

All project examples provided in this RFA are meant to be illustrative, to provide guidance, and to assist in understanding how CBP meets its goals. They are not meant to be exhaustive or prescriptive. Applicants should carefully review the comprehensive list of projects provided on CBP's website with a focus on past CBP innovation awards which are aligned with IGBP's topic areas.

Summaries of CBP's current projects can be found on the CBP website (usaid.gov/childblindness)

III. PHASE I APPLICATION PROCESS

Following the release of this RFA, applicants are invited to submit an application, which consists of:

- Attachment A: Full Application Template
- Attachment B: Work Plan Template
- Attachment C: Monitoring and Evaluation Plan Template
- Attachment D: Full Application Budget Template
- Attachment E: Budget Narrative Template
- Attachment F: Budget Instructions and Cost Principles (Provides instructions for the preparation of budget information.)
- Attachment G: Signed Certifications
 - a. Certification on Lobbying
 - b. Prohibition on Assistance to Drug Traffickers for Covered Countries and Individuals
 - c. Certification Regarding Terrorist Financing; and
 - d. Certification of Recipient that prior documents are given in consideration of and for the purpose of obtaining any and all Federal grants

In addition to the above, proof of legal registration or incorporation is required. This may be the organization's registration documents and/or by-laws.

Applicants must complete all forms in full. Incomplete grant applications will not be considered. Applications are limited to the above attachments and no further materials will be reviewed.

Applicants may submit up to three applications from a single organization.

IGBP Submission Deadlines

Applicants must submit all Phase I documents via email to: childblindness@pgrd.org by the application deadline:

December 16, 2016 at 5pm EST

Applicant Questions:

CBP will entertain questions from applicants aimed at clarifying aspects of the IGBP RFA requirements and objectives. Questions must be submitted via e-mail to childblindness@pgrd.org before the deadlines established below. CBP will post responses to questions by the date presented below.

The grant evaluation process under this RFA will be managed in accordance with the timeline presented here:

Activity	Deadline
IGBP RFA released	November 04, 2016
Applicants may submit written questions about the RFA requirements	November 14, 2016
Phase I answers to applicant questions posted on CBP website	November 18, 2016
Applications due to CBP	December 16, 2016

Maximum Grant Amounts and Duration

The maximum amounts to be awarded per grant under this RFA and their duration are as follows:

	Maximum Duration	Maximum Amount
Local and other Non-US, Non-Governmental Organizations	12 months	US\$250,000
US-Based Organizations	12 months	US\$100,000

Evaluation Criteria

Applications will be evaluated based upon the following criteria:

Criteria	Maximum Points
Description of the innovation, global knowledge or best practice project	20
Rationale, problem and context	15
Continuum of care and CBP priorities	15
Organizational and managerial capacity	15
Monitoring and Evaluation (M&E) and Work Plan	15
Budget and budget narrative	20
Total	100

IV. ELIGIBILITY

Eligible Applicants

The following types of organizations may apply for grants under this RFA. All applicants must be legally registered:

- US Not-For-Profit Organizations, including Private Voluntary Organizations, foundations, and private universities.
- US For-Profit Organizations (note that profit or fee is not allowed under grants)
- Non-US For-Profit and Not-For-Profit Organizations (note that profit or fee is not allowed under grants)
- Applicants otherwise qualified to receive awards under applicable US laws and regulations (e.g., Nondiscrimination, Lobbying, Debarment/Suspension, Terrorist Financing, etc.).

Applicants must:

- Be registered or incorporated legally.
- Be able to legally operate in the country where the proposed grant activities will occur.

- Have sound managerial, technical, and institutional capacities to achieve proposed project results.
- Apply a system of internal controls in order to safeguard assets, protect against fraud, waste, and conflicts of interest.
- Be in good standing with all civil and fiscal authorities.
- Possess financial accountability and maintain detailed records of all expenses.
- Be willing to sign applicable assurance and certifications required by USAID based on the value of their grant.
- Focus their activities on pediatric and vulnerable populations.
- Provide the Data Universal Numbering System (DUNS) number to CBP. Information on how to obtain a DUNS number can be found at <https://fedgov.dnb.com/webform>.
- Target children and vulnerable populations.

In order to be considered a local non-governmental organization, an applicant must meet all of the following criteria:

1. Be a local entity organized under the laws of the recipient country. Being registered to operate in the recipient country does not automatically make an organization local. The organization must have been organized in the recipient country in order to qualify as a local organization.
2. Has its principal place of business in the recipient country. If the organization has its headquarters, including its president/CEO or board of directors, in a different country, it is not considered a local organization.
3. Is majority owned by individuals who are citizens or lawful permanent residents of the recipient country or is managed by a governing body, the majority of whose members are citizens or lawful permanent residents of the recipient country.
4. Is not controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of the recipient country.

It should be noted that costs for international travel are allowed and must abide by specific rules (RAA5 Fly America Act Restrictions (<http://www.gsa.gov/portal/content/103191>)). No equipment over \$5,000 can be purchased without clear justification, actual quotations from the manufacturer or distributor, and approval by USAID. Quotations will be requested from applicants that advance to negotiations.

Ineligible Applicants

CBP will not fund projects targeted to:

- Prevention of xerophthalmia
- Prevention of onchocerciasis
- Prevention of trachoma
- Clinical research
- Project activities in: North Korea, Syria, Iran, Iraq, Cuba or China.

The following organizations are not eligible to apply for grants under this RFA:

- Organizations that appear on System for Award Management (SAM) list and have been debarred by the US Government, or who are otherwise ineligible to

receive funding due to sanctions or other restrictions with regards to US, host country or international law.

- Organizations that appear on United Nations (UN) 1267 blocked list.
- Faith-based organizations that are not in compliance with ADS 303.3.28, which is in accordance with the Executive Order 13279, Equal Protection for the Law of Faith-based Community Organizations. (Proposing inherently religious activities as part of the programs or services being proposed under their application. Inherently religious activities must be offered separately, in time or location, from the programs or services funded with direct financial assistance from USAID, and participation must be voluntary for beneficiaries of the programs or services funded with such assistance.)
- Entities who are affiliated with, or who are subsidiaries of PGRD.
- Government entities, government-controlled institutions and public universities. Applicants may, however, work with the government to accomplish their objectives.
- Public International Organizations (PIO).

Restrictions on Grant Funds

Grant funds may not be used for activities that are:

- Not aligned with CBP's objectives and goals.
- Not approved by USAID.
- Inconsistent with international standards of human rights or with democratic goals of racial and ethnic tolerance and harmony.
- Ceremonies, parties, celebrations or "representation" expenses except for those which are specified in the grant (for example, opening ceremonies) to promote the visibility of USAID in the communities USAID is trying to serve.
- Prohibited by ADS 303, such as involuntary sterilization programs; abortion-related activities and biomedical research; activities that promote or advocate the legalization or practice of prostitution or sex trafficking; travel, per diem, hotel expenses, meals, conference fees or other conference costs for any member of a foreign government's delegation to an international conference sponsored by a public international organization, except as provided in ADS Mandatory Reference "Guidance on Funding Foreign Government Delegations to International Conferences," (available at <http://www.usaid.gov/policy/ads/300/350maa.pdf>) or as approved by USAID.

Please take note of the following:

- Applicants will not be reimbursed for the costs incurred in preparation and submission of an application. All preparation and submission costs are at the applicant's expense.
- Issuance of this RFA does not constitute an award commitment on the part of CBP. CBP reserves the right to award grants to any, all or none of the applications submitted in response to this RFA.
- CBP reserves the right to negotiate independently with any applicant and to make an award without conducting discussions based solely on the written applications if it decides it is in its best interest to do so.
- CBP will check the references provided by the applicant.

V. PHASE II: PROJECT NEGOTIATIONS

Applicants whose projects successfully meet the RFA criteria and are recommended for approval will then be invited to participate in a negotiation phase. During negotiations, CBP staff will work with the applicant to detail and refine the project budget, respond to questions and comments regarding the technical application and define milestones. CBP will further examine the applicant's organizational ability to manage USAID funds and will check references.

Administrative details regarding Fixed Amount Awards (FAA) grants

CBP will largely award grants through the use of USAID FAAs. The information provided below is intended to assist applicants to better understand when FAAs are used, budgeting and negotiations (milestones and deliverables), payment methods, and cost share commitments. In addition, subcontracting information is provided for grantees to carefully consider in their proposals.

FAAs are *results*-oriented payments that are directly tied to the **achievement** of specific and **measurable** milestones. A milestone is based on an important product to be completed by the applicant, such as the completion of training of 50 eye care health workers. Tasks are tied directly to milestones (an individual task may have its own milestone if the task is significant, or several tasks together may result in a single milestone).

During Phase II, the budget is negotiated and finalized based on agreement between the applicant and CBP. The negotiation of the budget is very detailed and precise to ensure that the milestones and the costs assigned to them do not change during the course of the grant implementation. Additional funding is not available later in the process; for this reason a well-defined budget is critical.

Payments **are not based on actual cost** incurred in meeting the milestone; rather the amount to be paid is fixed during the negotiation phase before a grant agreement is signed. The payment schedule is outlined based upon milestones achieved, the time period needed to complete the milestones, and other factors intrinsic to the successful implementation of a project.

Payments are broken down into percentages of the total obligated amount. For example, it may be agreed that upon the completion of training 50 eye care health workers, the grantee will receive 20% of the total obligated budget. Before payment is made the grantee must provide proof that the activity has been completed. Thus, fund disbursements are directly dependent upon verifiable project progress and certified milestone completion certificates.

CBP believes when grantees propose cost share, the level of ownership for the project and potential for sustainability is raised. Applicants, therefore, are encouraged to include cost share that is appropriate, reasonable and verifiable. Cost share is any cost (in-kind and/or cash) the grantee will contribute to the total budget in order to implement the proposed activities. Because cost share is not a requirement under CBP's grants program, it is not considered a selection criterion of an application and does not impact final selection of the grant. Please note that all applicants proposing cost share must report on the cost share, including submission of verifiable receipts, and will be

accountable for meeting all cost share commitments. Cost share is not treated as a milestone, for which payments are tied strictly to the deliverable; it requires the applicant account for every expense with an individual receipt. For additional information on the USAID cost share regulations please refer to ADS 303 RAA 14 <https://www.usaid.gov/sites/default/files/documents/1868/303mab.pdf>.

GLOSSARY

Blindness

Visual acuity of less than 3/60 or 20/400, or a corresponding visual field loss of less than 10 degrees, in the better eye with the best possible correction.

Cataract

Clouding of the lens inside the eye that impedes the passage of light into the back of the eye and the retina. Un-operated cataract is responsible for half the world's blindness, and is a major cause of blindness in children in developing countries. Cataract is usually due to aging and seen in the elderly, although it can be congenital or caused by injury to the eye.

Congenital Cataract

Newborns can be born with cataract. It can be hereditary or can be caused when the mother contracts rubella in her first trimester of pregnancy.

Continuum of Care

The Continuum of Care refers to various interventions that make up a comprehensive eye service for patients. For children with eye disease or refractive error, interventions include screening and identification of children with eye problems, referral, medical and/or surgical and/or optical care, and low vision, and rehabilitation services for children who can no longer be helped by clinical care.

Glaucoma

A group of conditions that cause increased pressure within the eye (not related to high blood pressure) causing damage to the optic nerve and eventually blindness.

The International Agency for Prevention of Blindness (IAPB)

A coordinating, umbrella organization leading international efforts in blindness prevention.

Low Vision

Visual acuity of less than 6/18 or 20/60 but equal to or better than 3/60 or 20/400, or a corresponding visual field loss of less than 20 degrees, in the better eye with the best possible correction.

Neonatal Conjunctivitis

In newborns, a serious infection of the conjunctiva, the inside lining of the eyelids causing swelling.

Refractive error

Any of a set of conditions including myopia, hyperopia, astigmatism, and presbyopia that results in an unfocused image falling on the retina leading to blurred vision. It is the main cause of visual impairment that can be corrected by eye glasses.

Retina

The layer at the back of the inside of the eye which receives light images and sends them through the optic nerve to the brain where the images are interpreted.

Retinopathy of Prematurity

Abnormal blood vessel growth in the retina in a premature infant.

Visual acuity

The clarity or sharpness of vision measured at a distance of six meters or 20 feet.

Normal distance vision is when the patient can read the letters on the 6/6 or 20/20 line.

Visual impairment

Low vision or blindness that cannot be corrected medically, surgically, or optically.

Vulnerable Populations

People who would not otherwise have access to eye care resources.